

HUMAN SERVICES DEPARTMENT[441]**Adopted and Filed**

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services hereby amends Chapter 75, “Conditions of Eligibility,” Iowa Administrative Code.

This amendment increases premiums for applicants and recipients under the Medicaid for Employed People with Disabilities (MEPD) program with income over 150 percent of the federal poverty level (FPL). These changes to the premiums are necessary due to the annual changes in the federal poverty level.

Notice of Intended Action was published in the Iowa Administrative Bulletin as **ARC 2469C** on March 30, 2016. The Department received no comments during the public comment period. This amendment is identical to that published under Notice of Intended Action.

The Council on Human Services adopted this amendment on May 11, 2016.

This amendment does not provide for waivers in specified situations because requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

After analysis and review of this rule making, no impact on jobs has been found.

This amendment is intended to implement Iowa Code section 249A.4.

This amendment will become effective August 1, 2016.

The following amendment is adopted.

Amend subparagraph **75.1(39)“b”(3)** as follows:

(3) Premiums shall be assessed as follows:

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
150% of Federal Poverty Level	\$32 <u>\$33</u>
165% of Federal Poverty Level	\$44 <u>\$46</u>
180% of Federal Poverty Level	\$53 <u>\$55</u>
200% of Federal Poverty Level	\$62 <u>\$64</u>
225% of Federal Poverty Level	\$73 <u>\$76</u>
250% of Federal Poverty Level	\$84 <u>\$88</u>
300% of Federal Poverty Level	\$106 <u>\$110</u>
350% of Federal Poverty Level	\$130 <u>\$135</u>
400% of Federal Poverty Level	\$153 <u>\$158</u>
450% of Federal Poverty Level	\$177 <u>\$183</u>
550% of Federal Poverty Level	\$221 <u>\$228</u>
650% of Federal Poverty Level	\$268 <u>\$276</u>
750% of Federal Poverty Level	\$316 <u>\$324</u>
850% of Federal Poverty Level	\$375 <u>\$383</u>

IF THE INCOME OF THE APPLICANT IS ABOVE:	THE MONTHLY PREMIUM IS:
1000% of Federal Poverty Level	\$451 <u>\$460</u>
1150% of Federal Poverty Level	\$530 <u>\$539</u>
1300% of Federal Poverty Level	\$612 <u>\$622</u>
1480% of Federal Poverty Level	\$707 <u>\$718</u>
<u>1530% of Federal Poverty Level</u>	<u>\$735</u>
<u>1590% of Federal Poverty Level</u>	<u>\$767</u>

[Filed 5/11/16, effective 8/1/16]

[Published 6/8/16]

EDITOR'S NOTE: For replacement pages for IAC, see IAC Supplement 6/8/16.